



## NEW PRACTICE INTERESTED IN PARTICIPATION

Please provide the following information:

1. Practice Name \_\_\_\_\_
2. Provider(s) Names \_\_\_\_\_
3. Physical Address \_\_\_\_\_
4. Mailing Address \_\_\_\_\_  
(if different from above)
5. Primary Specialty \_\_\_\_\_
6. Telephone # \_\_\_\_\_
7. Fax # \_\_\_\_\_
8. Practice Administrator/Contact Name \_\_\_\_\_

**Upon completion of the above information, please PRINT and mail to:**

DirectNet  
1333 2<sup>nd</sup> Street, NE-Suite 200  
Hickory, NC 28601

**Or fax to DirectNet at**  
(828) 485-4334

After receipt of the above information, a Letter of Agreement, including Fee Schedule for the applicable specialty and a Provider Information Datasheet will be forwarded to you for completion and return to DirectNet at the above address.

Upon your return of the signed Letter of Agreement, Information Datasheet and requested item(s) on datasheet, your request for participation will be processed and you will be notified in writing of your participation effective date with DirectNet.